

rules of right living.' They state that they will pay a fee to regular registered physicians to make physical examinations, and we believe that the fee they offer is \$3, which, of course, is hopelessly inadequate for any physical examination that is worth while.

"As you know, the journal has taken the attitude for some time that there is no good reason for the existence of these various concerns that sell a urinalysis service, together, in some instances, with a physical examination. The proper person to do such work is the family physician, to whom the patient will be a human being and not a number. The physician who is familiar with the individual and his idiosyncrasies is in a position to give really valuable service in periodic examinations. The service that one gets from commercial concerns that are in this line is, even when honestly given, of indifferent value."

CORRESPONDENCE

A RECENT VISIT TO SOME OF THE CLINICS OF EUROPE

By INA M. RICHTER *

On October 12 we (two other physicians and myself) reached Geneva. We had spent a month touring France in a small car, purchased in Paris, this being by far the easiest, least expensive, and most delightful way of visiting clinics, especially if several are going. Such a small car may be purchased in Paris with the necessary international traveling license for a very reasonable figure, and with a written agreement that the seller will purchase the car at the end of the time for a stated sum agreed on before hand. In this way one may combine pleasure with study and come and go when one pleases, and avoid the disagreeableness and expense of European railroad travel.

I was well fortified with letters of introduction from Dr. K. F. Meyer, Dr. William J. Kerr, and others. The professors abroad received these letters and their bearers with much graciousness, kindness, and welcome.

In Geneva we approached M. le Prof. M. Askanazy at the Institute Pathologique de Geneve. Professor Askanazy is short, stout, voluble, and enthusiastic. He speaks French very rapidly, but has at his right hand his first assistant, Doctor Friedman, who speaks English very well, and will interpret whenever necessary. The laboratories where the students and assistants work are much like ours, as are their methods of teaching. The museum is most complete. In the post mortem room there were four autopsies in progress. There are generally four to six autopsies daily. Post mortem is made on every patient dying in the hospital unless definite refusal is made by relatives within twenty-four hours. The assistants who do the routine work receive respectively the equivalent of \$50, 30, and 16 a month. Nevertheless Professor Askanazy always has plenty of assistants. He welcomes workers from all countries and of both sexes.

We next visited Leysin, a small mountain village, 1250 to 1500 m. elevation, lying in a sheltered valley between two ranges of mountains, and from which the high peaks of the French Alps are easily visible. It was here that Doctor Rollier, in 1903, first started the use of the sun's rays in the treatment of so-called surgical tuberculosis. The establishment now consists of 960 patients with bone, joint, and skin tuberculosis, mostly children. Doctor Rollier does not admit patients with pulmonary tuberculosis, but there are numerous establishments for such further up on the mountain. The patients are housed

in "cliniques," of which there are thirty-two under the care of Doctor Rollier and his assistants. A "clinique" is a small hospital, or nursing home. Every patient has an individual porch or balcony, so placed that he may receive the full benefit of the sun treatment. To emphasize how little surgery is done, Doctor Dillon, Doctor Rollier's assistant (Doctor Rollier was away at the time) stated that there was but one surgeon in the community, and that practically all that he was called to do was an occasional emergency appendectomy or removal of a sequestrum. There are no actual orthopedic operations, and there is no plaster work. In the treatment three things are emphasized: proper nutrition, a high percentage of sunshine, and rest in bed in the proper position with the proper application of pressure. Most of the patients, excepting those where the hip is involved, are in the ventral position. The amount and position of pressure require fine judgment, as does the knowledge of when the patient may get out of bed. The beds all have very hard hair mattresses which are hung so that the position and angle may be readily altered. The children remain out from sun-up to sun-down, except in the very cold weather, and are allowed visitors only when in the open. To this fact and the high degree of immunity at that altitude he attributes the almost total absence of epidemics among the children. The cost per patient varies from about \$1.25 to \$8 or 10 per day for those who can afford to pay more.

At Berne we visited Professor Sahli, who lives in a stately house situated in a garden surrounded by an ornamental iron fence and great iron gates. The little waiting room had the usual pile of magazines on the table (yes, even in Switzerland they keep them when they are a year or two old), but most interesting autographed portraits on the wall. We explained our mission in German, and he answered in very much better English. He told us of a Sahli haemometer which had been used for from eight to ten years in northern Africa, without fading. He said that the acid haematin if properly made would not fade, and very much deprecated the glass standards put out by some manufacturers. These he said were not accurate, and unauthorized.

In Berne we also saw Professor Asher, who, in spite of examinations and many duties, found time to take us about his institute. Here we met two Americans, Doctor Shambaugh and Doctor Curtis, who were working under a grant from the National Research Council. The ground floor of the institute is divided into rooms for research workers, and the upper floor is given over to students. In each research room there was a problem in the process of solution. Doctor Asher is a very enthusiastic and encouraging teacher. He speaks English fluently. Two experiments he was especially enthusiastic about. The first of these he had run through for our benefit. If a frog's heart is perfused with Ringer's solution and atropine the use of caprylalcohol or bile salts will reverse the usual action of the atropine. The demonstration was quite spectacular, and one can see that it might have far-reaching conclusions and applications. But his pet experiment one felt was one in which he demonstrates the presence of glycogen in the brain when it has entirely disappeared from muscles and nerve. "There is no such thing as muscle fatigue," he says, rubbing his palms with glee, and one feels that is quite true of himself at least.

The following day we saw Professor Sahli's medical wards and the surgical wards of Professor de Quervain. One cannot help but be impressed with the extreme orderliness and cleanliness, and facilities for doing accurate work in these services. The thyroid patients, including cretins, are handled on the surgical service. The people are receiving generally iodinated salt with benefit, and the school children iodostarine tablets, but Doctor Curtis pointed out that they were probably in some instances getting too much, as they were beginning to see patients with Basedow's disease in increasing numbers, whereas these were formerly a rarity.

It was at the University and Medical School of Zurich, though, that we had our principal feast. This began with an interview with Prof. A. Oswald, on the subject of endocrinology. He has a book on the subject ready for the publishers, and most decided and conservative views as to the efficacy of most of the glandular products on the market. He as much as said that, with the brilliant

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exception of thyroid extract, there was not one whose action had been proved.

In the Pharmacological Institute Professor Cloetta explained his work with the digitalis preparations. After ten years of labor he has succeeded in isolating two sugar-free derivatives of digitalis in pure crystalline form. Both of these substances in measured quantity will bring the heart to a standstill after a definite period of time, but they vary very decidedly in their toxicity. By perfusing the heart with Ringer's solution following the one, the heart's action may be restored, but following the other the standstill is permanent. His next problem, he said, was to determine whether this action was chemical or physical.

Prof. H. Zannger of the Institute of Legal Medicine was in conference with the chief of police of the city when we called. All accidents, suicides, murders, and other such cases are investigated from a scientific medico-legal point of view. In one room they were examining the blood of canaries that had been exposed to carbon monoxide, in order to determine the reason for a recent tunnel accident. The circumstances of the accident were duplicated, and the canaries exposed to the carbon monoxide thought to have been present in the tunnel. In another room they were checking up on a new instrument, on the order of a polariscope, for determining the concentration of fluids, the nature of the fluid having first been determined chemically. Professor Zannger's fame has gone abroad, for he has received calls both from Berlin and the Rockefeller Institute in New York. He would be a great asset to this country should we succeed in securing him and his ideas.

Prof. Feer's Kinderspital was the first one of its kind that we went through. It was very complete with separate pavilions for diphtheria and other infectious diseases. The diphtheria pavilion, he said, had been closed for three years because they practically never saw a case of diphtheria. They had a room full of scarlet fever patients, but these, he said, were very light always, and without complications. In the main building he demonstrated patients with pyloric stenosis whom he claimed were "cured" by thick formulas. Very rarely do they find it necessary to operate. Intestinal infantilism patients he feeds on raw vegetables ground very fine. The care of the "eczema babies" I found very interesting. They are suspended in a rather taut hammock about 4 to 6 inches above the bed mattress and covered in the usual way. Between the hammock and mattress there is free circulation of air which is kept warm with several hot water bags. They claim that this free circulation of air beneath as well as over the baby there is less tendency to sweating and itching, and the babies certainly looked contented. But how our pediatricians would throw up their hands in horror at the number of "pacifiers" in babies' mouths. When we exclaimed, Professor Feer said laconically, "It is better than to let them cry."

Professor Nageli was every bit as strenuous as I was told he would be. When he says he will make rounds at nine, he begins at nine. The morning we were there he was making rounds in the pavilion for the tuberculous. We were interested to see that he was using anocrysin. He employs this only in the exudative cases and feels that it may hasten fibrosis, but was unwilling to make any positive statement as yet. He controls the progress of all cases with the use of frequent determinations of the globulin content of the blood serum. This was a point on which he laid great stress. Following the "visiten" he held a clinic for senior medical students. The conduct of this was practically the same as it is with us.

They have also in Zurich an out-patient department, complete in every detail. It is fully equipped as to chemical laboratory, clinical laboratory, x-ray, and fluoroscope, metabolism and electrocardiograph department. They have even six diagnostic beds for the more complicated cases where a patient makes a short stay for diagnosis only.

We missed much in Munich, owing to a series of saints' days, and nobody in Europe works on a saint's day. Professor Romberg's medical wards and clinics are most interesting. Everything is done with the utmost precision. His clinic to the students was a model of clarity and completeness. The equipment is perfect, and the entire house staff attends in the most spotless of white coats. No theatrical stage was ever more efficiently set. A "diener"

rolls in the bed with its occupant and stands ready to hand the professor his skin pencil, tape measure, percussion hammer, or what-not. He never even needs to express a wish. The house officer reads the salient points in the history, the professor demonstrates the patient, he presses a button, and down come the shades. The room is darkened before you know it and the patient's fever chart or intake and output chart or x-ray are thrown on the screen. Another house officer demonstrates the amount of albumin or other pathological finding in the urine. A miniature laboratory is set at the right hand of the stage. The patient is then dismissed, and prognosis and treatment discussed. The interesting thing is that this patient is returned to the clinic on subsequent days so that the students may follow the progress of the case. That morning he showed a syphilitic with complications and one of inflammatory rheumatism, a young woman. In the latter instance I was interested to note that he gave the sodium salicylate in two doses of 30 grains each, first thing in the morning and last thing at night. In this way the patient's appetite and meal hours were not interfered with. In postencephalitis Professor Romberg is giving atropine up to 25 mg. daily.

In Vienna we confined ourselves to the clinics and wards of Professor Wenckebach and Professor Pirquet. All titles have been dropped in Austria. The Kinderspital of Professor Pirquet is a model establishment in every way. There is a main central building, an infectious disease pavilion, a building for diabetic children, and a building for the study of epileptics and forms of mental deficiency, combined with a school where the tuberculous children attend classes. On the top floor of the main building, which is mostly open, are the tuberculous children. Boys and girls are dressed alike in a kind of cover-all (not any more beautiful than the variety we use here), and on staff round days are lined up in double rows to sing out "Gruss Gott" as Professor Pirquet and his train enter the room. They sleep and play out of doors and attend the special school. There are also bed patients who stay out day and night. The floors below show every kind of case imaginable. There is no dearth of material nor lack of opportunity for the graduate student to work out any problem that he or she may care to undertake. And I am sure that any such would receive the greatest encouragement from Professor Pirquet and his assistants. Of course it is absolutely essential to know German well (and this holds true of most of the other clinics visited), for although Professor Pirquet speaks English fluently, no one else does, and I feel that one would make slow progress without a knowledge of the language.

In this same building are the x-ray and fluoroscopic rooms, out-patient department, and formula laboratory. The beauty of the latter would be the envy of any dietitian. The infectious disease pavilion gives off as a wing from the main building. The construction is that of glass cubicles in a double row with a wide aisle down the center and narrower aisles on the outer walls. Each cubicle is equipped with bathtub, toilet, and basin. The lighting is excellent, and in this way it is practically unnecessary for the physician to enter the cubicles for the observation of patients. There are always from thirty to forty diabetic children, and they are housed in a separate building under the care of Doctor Wagner. Many of these presented endocrine problems also. They were investigating all forms of insulin, especially with a view of finding a product which could be taken by mouth. In still another building are the schools and play rooms for the mentally deficient. Here various methods of educating these children are being investigated. Professor Pirquet seems to be especially interested in education, and after the completion of rounds took us to a public school to see a "Riformschule." "Riform" there has not the connotation that we give it here, but refers rather to an experiment in education. Here we visited a class of boys of about 12 to 13 years of age in the process of giving each other a French lesson. These boys govern themselves and are sometimes without a teacher for hours. They elect leaders who call on the other members of the class for recitations and also grade each other on those recitations. After one little boy had recited a particularly long poem with few mistakes, a discussion ensued (always in French during French class) as to whether he should

receive a "one." They finally agreed that, inasmuch as there were ladies in the room, he really should be excused for making the mistakes and given a "one." The excellence of their French made us blush with shame.

Professor Wenckebach is most gracious. I attended his demonstration in physical diagnosis to second-year students. There is no bedside instruction, but a complete demonstration of each type of case with three to four students called onto the platform each time to examine the patient. Doctor Wenckebach has very decided views on medical education, and after the lecture we had a long conversation on full time as versus part-time instruction. He is very much opposed to the former. His cardiac clinic is most interesting and he cordially welcomes research workers, but will not take them unless they are willing to spend six or more months with him and take up some definite problem. He has four small wards with from four to five beds each and two two-bed wards for cardiac cases which are studied completely. The ambulatory cardiac clinic has from forty to fifty patients a day. In addition to physical examination, all receive electrocardiograms, pulse tracings, and x-ray films. A bus is sent for those unable to walk to the clinic. Another feature of the clinic is the consideration of the condition of the heart in those patients suffering primarily from some other ailment, but with symptoms suggesting cardiac involvement. These are sent from other clinics and from private physicians and returned with diagnosis to their source.

I had the pleasure of seeing Dr. Florence Sabin at the Rockefeller Institute and Dr. William Park of New York. Doctor Sabin is doing some truly thrilling work in connection with vitally stained blood cells, and a method of early diagnosis of pulmonary tuberculosis. Dr. William Park told me of a wonderful surgeon who had perfected an operation whereby those children who had for years worn a tracheotomy tube were, by a plastic operation, given a new larynx. They had been restored to their parents and school as useful citizens, and were being taught to speak again. We also had a discussion as to the proper technique for the administration of toxin-antitoxin. He said it was a timely question, as they were even then under discussion as to the relative advantages of the subcutaneous and intramuscular injections. Some claimed that there was injury to the muscle fiber in the intramuscular injection, though he himself did not feel so, and they were about to section the muscles of animals to establish the facts. He said that the technique that he liked was to give the first injection subcutaneously, and to regard it in the light of a Schick test, seeing the arm at the end of the sixth or seventh day. If it were positive he advocated proceeding with the second and third injections, giving them intramuscularly. If it were negative he felt that further injections might be dispensed with.

One comes home from a visit of this sort with the feeling that one must hurry and earn the wherewithal to do it all over again.

The New York State Department of Health has lined up solidly against an attempt to secure the enactment of a special chiropractic bill in the New York State Legislature.

Commenting upon this opposition by public health authorities the *New York State Journal of Medicine* said: "The second witness was Dr. Matthias Nicoll, Jr., commissioner of health of New York State. Doctor Nicoll said that chiropractors acknowledge that they practice medicine and treat contagious diseases, although they know little about them, and say they have no need to study them; yet failure to recognize them and treat them properly is not only harmful to the patient, but is also a public menace. Doctor Nicoll also said that the State Department of Health is supervising 2000 children crippled from poliomyelitis, many of whom were still helpless because they were improperly treated by chiropractors during the early stages when improvement might be effected."—*Ohio M. J.*

In cases of peritonitis use Fowler's position at once. Do not wait until after the operation.

Merely raising the head of the bed (Fowler's position) will not as surely encourage gravitation of fluid to the pelvis as will sitting the patient up in bed.—*Am. J. Surg.*

CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS*

By C. B. PINKHAM, M. D., Secretary

According to the report of our special agent, J. Lafayette Berry, whose license was revoked October 21, 1919, was on April 1, 1927, found guilty of practicing medicine without a license by Superior Judge Edwin Hahn of Los Angeles, who thereafter imposed a sentence of ninety days in the county jail, suspended for two years on the condition that Doctor Berry does not violate the Medical Practice Act during the period of his probation.

On March 16, 1927, the appointment of Samuel J. Howell as a member of the State Board of Chiropractic Examiners to succeed J. K. Gilkerson, resigned, was announced through the press.

The San Francisco *Chronicle* of March 27, 1927, related the arrest of Julius Wolf, William Hopkins and Frank Mandanba, San Francisco, alleged to have been former students in the dental department of the College of Physicians and Surgeons, San Francisco, it being further related that said individuals had employed a Howard Street engraving firm to make dental diplomas in connection with a "diploma mill" plot, both in the United States and the Philippine Islands, whereby it is presumed dentists were to be made in wholesale quantities without the necessity of institutional training.

Governor Young today signed the diploma mill measure, by Senator J. J. Crowley of San Francisco, who introduced the bill at the request of the State Board of Medical Examiners. The bill makes sweeping provisions against people who fraudulently procure or counterfeit any medical degree or certificate and provides that such action be a felony, inflicting a stringent fine against violators (San Francisco *Examiner*, April 8, 1927). Governor Young in signing this measure makes California an outstanding state in providing either prison sentence or heavy fine on those who attempt to operate diploma mills, etc.

According to the Police Department of Sawtelle, California, Margaret E. Dunlap, mentioned in the February, 1927, "News Items" as a physician arrested on a fictitious check charge is not a physician, but uses the prefix "Dr." as an aid in passing fictitious checks.

According to a press dispatch dated Paso Robles, April 7, published in the San Luis *Telegram* of the same date, it appears that the "eyesight specialist" swindlers are still operating in this state, it being related that Constable Peterson had arrested a man posing as an expert eye doctor, who was alleged to have attempted the same old swindle on J. S. Matthews as perpetrated by Messrs. Faircloth and Gebhardt, mentioned in "News Items" of February and March, 1926. This individual apparently removed a small growth from the patient's eye, for which he demanded the sum of \$367.50. An article relating the method of operation of these eyesight swindlers was published in the bulletin of the Federation of Medical Examining Boards, March 27, there seeming to be an "epidemic" of such swindlers which has spread across the United States.

Dr. J. A. Hadley, Arcata physician accused in connection with the death of Louise Baxendale, 19-year-old Oakland girl, who died following an illegal operation April 6 last, was today held for trial in the Superior Court. Doctor Hadley is charged with second degree murder. Walter Thayer, 20, of Oakland, who confessed to the District Attorney that he brought the girl to Doctor Hadley for an operation, is being held in jail as a material witness. Doctor Hadley denies the charge against him.—*San Francisco Examiner*, April 14, 1927.

In the face of a possible Grand Jury investigation into the shooting of Dr. George Ham, Moneta physician and surgeon, by Motorcycle Officer C. J. Andrews on March 14, while the doctor was answering an emergency call, the Compton Board of Trustees voted to reinstate the officer and exonerated him. . . .—*Los Angeles Record*, March 23, 1927.

Dr. Ralph W. Harris, 2145 Marne Avenue, fell victim to a lone footpad early today when he answered a call for aid. The doctor told police detectives he received a

* This column is compiled and edited by the secretary of the California Board of Medical Examiners.